MOTION FILED
DEC 14 1978

IN THE

Supreme Court of the United States

OCTOBER TERM, 1978

NO. 78-901

MR. ANDREW WOODS, *Petitioner,*

v.

SAFEWAY STORES, INC., *Respondent.*

MOTION OF NATIONAL MEDICAL ASSOCIATION FOR LEAVE TO FILE BRIEF AS *AMICUS CURIAE* AND BRIEF FOR THE NATIONAL MEDICAL ASSOCIATION, *AMICUS CURIAE*

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Dated: December 14, 1978

Commercial Communications, Alexandria, Virginia

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MOTION OF NATIONAL MEDICAL ASSOCIATION FOR LEAVE TO FILE BRIEF AS *AMICUS CURIAE*

The National Medical Association ("NMA") hereby moves, pursuant to Rule 42 of the Rules of this Court, for leave to file the attached brief as *amicus curiae* in support of the petition for a writ of certiorari. Petitioner has consented to the filing of this brief, but respondent has denied such consent.

The National Medical Association, organized in 1895, is a professional association of physicians. Almost all of the members of the NMA are Black American physicians. The NMA's purposes, as set forth in its Charter, are "to raise the standards of the medical profession and of medical education; to stimulate favorable relationships among all

physicians; to nuture the growth and diffusion of medical knowledge; to sponsor the education of the public concerning all matters affecting the public health; to sponsor the enactment of just medical laws; and to eliminate religious and racial discrimination and segregation from American medical institutions".

NMA members are strongly committed to the eradication of all forms of discrimination, particularly in the area of medicine. In addition, the NMA is equally committed to assisting its members and all other physicians in an effort to provide the best possible advice and treatment to their patients. Increasingly over time, the members of the NMA and others have attempted in a variety of ways to draw more attention to *pseudofollicullitis barbae* (PFB).[1]

This case presents questions of great importance to patients afflicted by PFB and their advising physicians. The question of the proper advice and treatment to provide to a patient afflicted by PFB is a recurring one, which affects a large percentage of physicians, especially Black physicians.[2] The

[1] NMA Resolution issued at the August 1973 Convention; Resolution of American Academy of Dermatology issued on December 6, 1973. Both resolutions are trial exhibits in this case.

[2] The 1970 Census indicated that there were 6,002 Black physicians in the United States. U.S. Bureau of Census–*1970 Census of Population: Occupational Characteristics.* NMA believes that that number has increased to approximately 8,000. The number of Black dermatologists in the United States is believed to be approximately 100. This approximation is the NMA's rough extrapolation from a study of the American Medical Association. AMA Center for Health Services Research and Development: ***Physician Distribution and Medical Licensure in the United States 1974*** and ***A Sample Study of 1880 Black Physicians*** (AMA 1975). See also, Morrison, Nathan, ***Profile of the Black Physician and the Health Care Experience of United States Population by Color*** (Prentiss Hall, 1977).

advice given regarding PFB has often been tempered by the physician's perception of the so-called societal limitations.[3] The NMA believes that its perspective on and concerns about the issues raised by the petitioner should be considered by the Court as the opinion below has created considerable confusion and debate among our members and other physicians as to the proper advice and treatment to give to a patient with PFB.

In addition, NMA desires to participate in this matter as *amicus curiae* so that the Court will be provided with more detailed medical information on PFB than the petition provides. The petition necessarily concentrates on the specific facts and issues in this particular case. NMA's brief, on the other hand, concerns itself primarily with medical knowledge of PFB, in addition to a discussion of the effect that the lower court's decision has upon the physician-patient relationship.

[3] The earliest reference to this phenomenon in the extant literature is a pioneering article authored by Drs. Strauss and Kligman, *Pseudofollicullitis of the Beard*, 74 AMA Arch. Derm. 533, 537 (1956) ("Cessation of shaving provides a decisive method of clearing the disease, but its obvious disadvantage is its impracticability in a society that demands a shaven face.") This document is a trial exhibit in this case

We believe that our perspective and analysis will be of assistance to the Court and we most respectfully pray that the Court permit our brief as *amicus curiae* to be filed and considered.

Respectfully submitted,

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December 14, 1978

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MR. ANDREW WOODS, *Petitioner,*

v.

SAFEWAY STORES, INC., *Respondent.*

BRIEF OF NATIONAL MEDICAL ASSOCIATION IN SUPPORT OF PETITION FOR A WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT

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Counsel for National Medical Association, Amicus Curiae

December 14, 1978

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Alexander, *Pseudofolliculitis Diathesis*, 109 Arch. Derm. 729 (1974) 4
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FITZPATRICK, DERMATOLOGY IN GENERAL MEDICINE. (McGraw Hill Book Co., 1971) 10

Literature (Non-Scientific):

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TB MED 287, Department of the Army Technical Bulletin, *Pseudofolliculitis of the Beard*, August 14, 1973 . . . . . 5, 8

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BRIEF OF NATIONAL MEDICAL ASSOCIATION IN SUPPORT OF PETITION FOR A WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT

The National Medical Association (NMA), pursuant to Order of this Court, respectfully submits this brief *amicus curiae* in support of the petition for a writ of certiorari in this case.

INTEREST OF THE *AMICUS CURIAE*

The interest of NMA has been stated in the motion for leave to file this brief and therefore will not be repeated here.

STATEMENT OF THE CASE*

INTRODUCTION

Whenever our patients are denied the most effective and acceptable treatment for their diverse maladies, NMA is concerned. Whenever a court decision threatens to effectively exclude utilization of the most effective and acceptable treatment of a patient, NMA is concerned. Whenever the patient's right to individualized treatment is threatened, NMA is concerned.

Andrew Woods is a PFB victim. Shortly after he repeatedly shaved in order to comply with a no beard rule at the Safeway Store at which he worked as a supermarket clerk, he developed a case of progressive PFB. After a case history and an examination, his dermatologist, Dr. William T. Watkins, Jr.,[1] advised him to abstain from shaving indefinitely. Dr. Watkins believed that advice to be the most effective and acceptable manner in which to treat this individual's progressive PFB. Two other dermatologists, both of whom were recognized experts in PFB, examined Mr. Woods and testified that they concurred with Dr. Watkins' individualized plan of treatment.

At first, Safeway allowed Mr. Woods to follow his doctor's advice. Six months later, Safeway fired him because his doctor continued to advise him to abstain from shaving indefinitely and he decided to continue to follow his doctor's advice.

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*All of the facts reiterated herein are contained in the uncontradicted testimony of the experts at trial, the explicit findings of the lower court and the medical literature.

[1] Dr. William Watkins, Jr., a non-member of NMA, has been petitioner's dermatologist since he was a youngster with acne problems. Dr. Watkins' curriculum vitae, a trial exhibit, is attached as Appendix A.

Mr. Woods sued Safeway under Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e-*et. seq.*, alleging that his discharge was racially discriminatory. The lower court found that his discharge was discriminatory, but nonetheless *lawful* because Safeway had a legitimate business purpose for its no beard rule and because only Mr. Woods was fired.

PSEUDOFOLLICULITIS BARBAE

Pseudofolliculitis barbae (PFB) is a skin disease that is normally caused by shaving. Many Blacks have PFB; whereas few, if any, Whites have the disease.[2] The reason for this is quite simple. The structure that is affected by shaving and that thereby causes PFB is tightly curled facial hair. Many Blacks have a predisposition to tightly curled facial hair.[3]

Shaving can sharpen the tips of the facial hair. If one's facial hair is predisposed to curl in a loop -as is the hair of many, if not most, Blacks- the tip of the hair having been sharpened by shaving can curl around and penetrate the epidermis (the skin's surface). In effect, shaving for many Blacks transforms their facial hairs into curved barbs which

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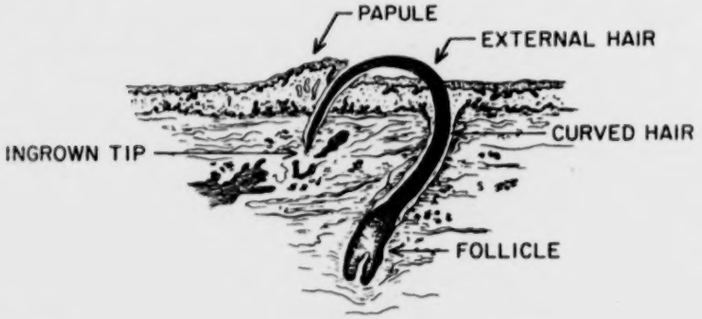
[2] The former Chief of Dermatology Service at Walter Reed Army Medical Center testified below that in his entire professional career as a military dermatologist from 1954 to 1974, he examined some 5,000 patients with PFB and each such patient was Black. He further testified that although he examined some 90,000 dermatology patients who were White, he never observed a White with PFB. He also testified that PFB "is an almost unique situation in the black race . . ."

[3] MOSCHELLA, PILLSBURY & HURLAY, DERMATOLOGY, 527 (W.B. Saunders Co., 1975) ("Strongly curved beard hairs are a racial trait of Negroes, singling them out as particular victims of the disease . . .") The follicles, that is, the chambers of tissue in which the hair grows, of Blacks have a predisposition to being curled; whereas the follicles of Whites have a predisposition to being straight.

can cut into the epidermis.[4] The entry of these hairs causes an inflammatory foreign body reaction which may appear as papules, pustules, nodules, abscesses, scars or disfiguring keloids. The schematic representation below shows a curled facial hair that has emerged from its normal follicle, curved around and re-entered the skin, thereby creating a *pseudofollicle* and a skin reaction.



Those studies that have been conducted indicate that a substantial number of Blacks have the disease.[5] These

[4] Facial hairs can be so tightly curled that they can penetrate the epidermis naturally, that is, without being sharpened by some external factor. Also, the follicle and hair may be so curved that the hair never emerges, but rather buries itself into the dermis. Craig, *Shaving: Relationship to Diseases of the Bearded Area of the Face*, 71 Arch. Derm. & Syph. 11-13 (1955). *Pseudofolliculitis* has been recorded among Black female patients. See Alexander, *Pseudofolliculitis Diathesis*, 109 Arch. Derm. 729 (1974).

[5] Pinkus, *Chronic Scarring Pseudofolliculitis of the Negro Beard*, 47 Arch. Derm. & Syph. 782 (1943) ("A peculiar condition involving the bearded part of the face and neck is present in a considerable percentage of Negro men but has attracted little attention in the medical literature.") The lower court found that the incidence of PFB among Black males ranged between 45% and 55%.

studies indicate that a not insubstantial portion of those Blacks afflicted by PFB are afflicted by severe PFB.[6]

TREATMENT OF *PSEUDOFOLLICULITIS BARBAE*

Historically, physicians have attempted to treat PFB with a multitude of palliatives. The treatment plan for the patient has depended in large part upon the severity of the condition and the patient's case history. In recent years grading systems have been devised to assist the physician in designing a treatment plan for a patient with PFB.[7] These grading systems recognize that some PFB victims can be effectively and acceptably treated without an indefinite abstinence from shaving and that for some patients nothing short of an indefinite abstinence from shaving is effective and acceptable treatment.[8] Sadly, in too many instances, medical knowledge of PFB has not developed to the point where an effective and acceptable solution other than indefinite abstinence from shaving is available. Consequently, all dermatologists recognize that for some PFB patients there

[6] Alexander & Delph, *Pseudofolliculitis Barbae in the Military: A Medical, Administrative and Social Problem*, 66 J. Nat'l. Med. Assoc. 459 (1974). The lower court made no finding as to the incidence of severe or so-called progressive cases.

[7] The two grading systems were devised by the two experts who testified for Mr. Woods. See TB MED 287, Department of the Army Technical Bulletin, *Pseudofolliculitis of the Beard*, August 14, 1973; Alexander & Delph, *Pseudofolliculitis Barbae in the Military: A Medical, Administrative and Social Problem, supra*, 66 J. Nat'l. Med. Assoc., at 460.

[8] Depending upon the severity of the patient's condition, the condition may be treatable without indefinite abstinence from shaving. Thus, for some patients, particularly those with mild cases of PFB, the use of depilatories has been effective although oftentimes quite irritating due to the chemical properties of the depilatory. Many patients

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is only one effective and acceptable treatment for the time being abstinence from shaving.[9] The reasons are that abstinence from shaving is a sure cure for all PFB victims and eliminates any further risk of disfigurement. If the hair continued to grow, rather than being cut, the external portion of the hair will form a gradually increasing loop. When the loop reaches a length of about 10 mm., it acts like the coil of a spring and exerts a force that pulls the embedded tip of hair out of its *pseudofollicle*. After the embedded hair has been dislodged, the skin reaction that it caused will normally heal over time. The schematic representation below shows the embedded tip of a facial hair springing out of the skin as the hair continues to grow rather than being cut in shaving.

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who use depilatories complain of the sulfuric odor and burning sensations from the sulfur. See Alexander & Delph, ***Pseudofolliculitis Barbae in the Military: A Medical, Administrative and Social Problem, supra***, 66 J. Nat'l. Med. Assoc., at 461. ("The second most satisfactory approach to managing PFB, according to these dermatologists, was the use of chemical depilatories; however the endorsement of their usage was considerably weaker, only 24% choosing it as the treatment of choice Chemical depilatories also carry a limited patient acceptability because of their foul odor and/or irritation, as well as their time-consuming nature.")

[9] The record reflects that this judgment is shared by respondent's trial expert, all three dermatologists who testified on behalf of petitioner.

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PERTINENT MEDICAL FACTS OF THIS CASE

Prior to being employed by respondent, petitioner had shaved infrequently. After he was hired by respondent, petitioner attempted to shave with a straight razor, an electric razor, and chemical depilatories. As a result, petitioner became afflicted by PFB that became progressively worse and worse. After attempting for 2½ months to shave despite extreme discomfort and continued "bumping", the petitioner visited his dermatologist.

When he first visited Dr. Watkins about this condition, Dr. Watkins diagnosed his condition to be severe.[10] That diagnosis from a respected local dermatologist was not questioned by the respondent prior to his discharge. Dr. Watkins' advice to petitioner, when he was first examined for this disease on January 30, 1974, was that he abstain from shaving for about eight weeks and that he then be re-examined.[11] When Dr. Watkins examined petitioner on April 9, 1974, he found that most of the embedded hairs had dislodged themselves and that the lesions on petitioner's face had begun to heal. Dr. Watkins advised petitioner to continue to abstain from shaving for another eight weeks. On June 10, 1974, Dr. Watkins again examined petitioner. He advised petitioner to continue to abstain from shaving

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all branches of the military and all extant literature in the field.

[10] Dr. Watkins testified that when he first examined petitioner, he had "multiple incarcerated hairs that had grown out and re-entered the skin . . . a little bit of keloid activity as a result of the irritation, . . . [and] active pustules which had formed as a result of the foreign body reaction to the hairs incarcerated in the skin". He classified petitioner's case as severe.

[11] Dr. Watkins also prescribed tetracycline in an effort to reduce secondary infections from PFB.

because petitioner continued to be predisposed to severe manifestations of PFB.

Dr. Watkins testified that based upon his examinations of petitioner and petitioner's description of the methods that he had used to shave, he did not believe that at that time there was a more effective and acceptable treatment plan for this patient. In short, Dr. Watkins believed that the advise that he had given to his patient was that of a reasonably prudent physician specializing in dermatology and that he had fulfilled the dictates of his Hippocratic Oath.

Dr. A. Melvin Alexander, a member of NMA and the author of several papers on *pseudofolliculitis,*[12] testified that he had examined petitioner on a number of occasions and that "[a]t this time I would not consider any other therapy other than the abstinence from shaving".

In addition, Dr. George Skipworth, a renowned dermatologist and expert on PFB,[13] testified that he had examined petitioner and had questioned Dr. Watkins physician-to-

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[12] Alexander & Delph, *Pseudofolliculitis in the Military: A Medical, Administrative and Social Problem, supra*; Alexander, *Pseudofolliculitis Diathesis, supra*. Dr. Alexander's curriculum vitae, a trial exhibit, is attached as Appendix B.

[13] Dr. Skipworth, when he was Colonel Skipworth and Chief of the Dermatological Service at Walter Reed, prepared for the approval of the Surgeon General of the United States the U.S. Army's advice to its practicing physicians and physician's assistants regarding the treatment of PFB. That advice, TB MED 287, established that, if approved by a dermatologist, servicemen in progressive cases could be allowed to grow a beard. Usually it was believed a 1/4 inch beard would be sufficient to cure PFB after the embedded hairs have been dislodged. (Dr. Skipworth's curriculum vitae, a trial exhibit, is attached as Appendix C.)

physician regarding his treatment of petitioner. He was satisfied that petitioner's disorder was severe and that indefinite abstinence from shaving was the proper treatment.[14] Dr. Skipworth testified that at "this point in time, the only effective treatment that I can recommend, would be to grow a beard".

Dr. Murrell, a respected local dermatologist who testified for respondent,[15] agreed that for some PFB patients with severe cases, the only acceptable solution presently available is the growth of a beard and admitted that he has so advised some of his own patients. Dr. Murrell never examined petitioner.

REASONS FOR GRANTING THE PETITION FOR WRIT OF CERTIORARI

SUMMARY OF ARGUMENT

The lower court's decision forces PFB victims like Mr. Woods to choose between the risk of *permanent* disfigurement and continued employment. Moreover, the opinion constitutes an unnecessary interference with the proper functioning of the physician-patient relationship. Given

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[14] "Well, I honestly think that this would actually, Mr. Woods' problem would fall in what I call progressive disease, and . . . it would be a recurrence of the process regardless of whatever modality he uses . . . Because of the number of lesions and the severity of the lesions. I think it is predictable that any time that you have more than a few bumps or papules, you can't use any type of razor. Any time you have anything beyond a papule or bump, you can't use the depilatory because it is too irritating . . ."

[15] Dr. Murrell's curriculum vitae, a trial exhibit, is attached as Appendix D.

the impact of the opinion below upon PFB victims and their advising physicians, the petition should be granted as it raises questions of general importance that should be resolved by this Court.

ARGUMENT

> "The dermatologist specializes in diseases which today, as in ancient times, lead to social isolation, guilt, and feelings of worthlessness."[16]

Skin diseases are often publicly quite visible. They arouse strong aesthetic feelings. The responses to skin diseases vary from staring curiosity to marked fearfulness, from mildly unpleasant feelings to disgust.[17] The patient is often fearful of disfigurement. In some instances, the patient's fear is well grounded. In those cases, the postponement of effective treatment not uncommonly leads to an irreversible dissemination of the disease, prolongs the discomfort, and aides and abets disfigurement.[18]

A physician is duty bound to "use treatment to help the sick according to . . . ability and judgment . . ."[19] The patient has a corresponding right to treatment from the physician. Needless to say, neither the physician's duty nor the patient's right is absolute. Nonetheless, the duty expressed in the Hippocratic Oath and the corresponding right to treatment

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[16] FITZPATRICK, DERMATOLOGY IN GENERAL MEDICINE, 9 (McGraw Hill Book Co., 1971).

[17] Id. at 6.

[18] Id. at 5.

[19] Hippocratic Oath.

are considered to be of paramount importance in a democratic society and intrusions are not to be tolerated unless necessary for some greater good.

In this case, Dr. Watkins properly diagnosed and treated Mr. Woods. In his judgment and that of two experts in this specific disease (PFB), any other plan of treatment at that time risked permanent disfigurement of his young unmarried patient. If Dr. Watkins had followed some other plan of treatment for this particular patient, he would have violated his solemn oath as a physician.

Faced with that advice, Mr. Woods had to decide whether or not to comply with Safeway's rule and risk permanent disfigurement. The choice was not an easy one as Mr. Woods had ambitions to work his way up in the company and become a manager someday. His decision to assert his right to treatment ought have been respected by the company, especially after Dr. Watkins explained to both the store manager and Employee Relations Manager for the entire Safeway division that the disease is caused by a physical characteristic of Blacks over which Mr. Woods had no effective control at that time.

We are at a loss to understand why the lower court felt that Safeway's interests in this matter were paramount to those of Mr. Woods. Safeway's interests were at worst only remotely threatened; whereas Mr. Woods' interests, especially in avoiding the risk of permanent disfigurement, were quite substantial. Safeway produced no evidence whatsoever to substantiate its fears; whereas Mr. Woods affirmatively demonstrated that there was no basis for the fear. Moreover, Safeway had more to fear from compliance than non-compliance as Safeway admitted that when Mr. Woods was in compliance with its rule, his face was so unattractive that it might repel customers.

CONCLUSION

The lower court's decision ratifies and condones Safeway's treatment of Mr. Woods and constitutes a grave intrusion upon the physician-patient relationship. If the decision is not set aside, patients, in circumstances like that of Mr. Woods, will be forced to choose between effective treatment for the disease and continued employment. Such a result is intrinsically unfair and when one adds the dimension of race, it is racially discriminatory.

For these reasons, a writ of certiorari should issue to review the judgment of the United States Court of Appeals for the Fourth Circuit.

Respectfully submitted,

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Counsel for National Medical Association, Amicus Curiae

Dated: December 14, 1978

* Counsel gratefully acknowledges the assistance of Dr. Jesse B. Barber, President, National Medical Association.

CERTIFICATE OF SERVICE

I hereby certify that on this 14th day of December, 1978, three copies of the foregoing Motion of National Medical Association for Leave to File Brief As *Amicus Curiae* and Brief for the National Medical Association, *Amicus Curiae*, in Support of Petition for a Writ of Certiorari to the United States Court of Appeals for the Fourth Circuit were sent by first class mail, postage prepaid to James Patrick McElligott, Jr., of the firm of McGuire, Woods and Battle, 1400 Ross Building, Richmond, Virginia 23219.

/s/ Lawrence S. Blumberg, Esq.

Appendices

APPENDIX A

CURRICULUM VITAE

WILLIAM T. WATKINS, JR. M.D.

Office: 321 Main Street, Newport News, Virginia 23601
(703) 596-8183

Born: Newport News, Virginia
November 7, 1922

Family: Wife – Mary C.
Children – Margaret, 22
William T., III, 28

Education: Newport New Public Schools, 1927 - 1939
Graduated Newport News High School,
June 8, 1939 (Class Valedictorian)

Duke University, Durham, N.C. 1939 - 1942
Undergraduate (second in class at end of Junior year on entry into medical school)

Duke University School of Medicine
Durham, N.C. July, 1942 - June, 1945
M.D. degree – June 23, 1945

Post Graduate Education:

Intern (Rotating) U.S. Naval Hospital
Portsmouth, Virginia - June 1945 - July 1946

Assistant Resident–Resident, Dermatology and Syphilology, Duke Hospital, Durham, N.C. March 1948 - July 1951. Instruction Dermatology, Duke University School of Medicine, 1950 - 1951.

Academic Honors:

Phi Beta Kappa – Duke University 1942

Alpha Omega Alpha – Duke University School of Medicine – 1945

Service in Armed Forces:

Apprentice Seaman V-12 – Duke Medical School, 1943 - 1945

Lt. (j.g.) MCUSNR June 1945 - March 1948 (Resigned Commission USNR 1955)

Hospital Staff Appointments: (Staff Dermatologist)

Buxton Hospital-Mary Immaculate Hospital Newport News, Virginia 1952 - 1964 (Staff President 1955)

Dixie Hospital, Hampton, Virginia 1952 - 1964

Riverside Hospital, Newport News, Virginia 1952 - Present

Teaching Appointments: (Non-Medical School)

Consultant McDonald Army Hospital
Ft. Eustis, Virginia 1952 - present
Dermatology and Syphilology

Teaching Staff Riverside Hospital
Newport News, Virginia 1952 - present
Includes rotation of Family Practice Residents on elective (1 month per man) basis in my private practice office, Newport News, Virginia

Medical Licensure:

Virginia, 1951
North Carolina, 1948
Florida, 1950

National Board of Medical Examiners Completed Part III 1946

Board Certification:

American Board Dermatology and Syphilology 1952

Medical Societies:

American Medical Association
Medical Society of Virginia
Southern Medical Association
News Medical Society

Fellow American Academy of Dermatological Society, Virginia
Dermatological Society (President 1973)

Tidewater Dermatological Society (Virginia)
Peninsula (Virginia) Academy of Medicine
President, 1955

Professional Practice – Dermatology and Syphilology:

Private Practice, Newport News, Virginia
January 2, 1952 to present (Associate since 1961 with Dr. B. Voss Neal)
Drs. Watkins and Neal, Incorporated
321 Main Street, Newport News, Va. 23601

Civil Service:

School Board (Vice Chairman),
City of Newport News, Virginia 1958 - 1970

Commissioner (representing Newport News)
Peninsular Airport Commission
Patrick Henry International Airport
Newport News, Virginia 23606
1974 - present

Past Board Member:
American Cancer Society
Virginia Peninsula YMCA
Virginia Peninsula

Peninsula Vocational Technical School
Organizing Committee
Past Board Chairman

Hobbies:

Boating, Fishing, Photography, Scale model railroading

Social Organizations:

James River Country Club, Newport News, Virginia
Hampton Roads German Club
U.S. Power Squadron (Educational & Social)

Publications:

Grimson, Keith S., Lyons, C. Keith, Watkins, W.T. and Callaway, J. Lamar: Successful Treatment of Hyperhidrosis Using Banthine. *The Journal of the American Medical Association.* 143: 1331- 1332 (August) 1950

Watkins, William T., Jr.: The Management of Stasis Dermatitis and Stasis Ulcer. *North Carolina Medical Journal.* 12: 499-501 (October) 1951

Callaway, J. Lamar, Watkins, W. T., Jr., Crane, G. W. and Dees, Susan C.: Clinical Evaluation of 1-B-1 diethylaminoethoxy 3-N Butyliso-quinoline as an antiprurite agent. *North Carolina Medical Journal.* 12: No. 11 546-548 (November) 1951

Watkins, W. T. Jr.: Treatment of Itching with an oral Antipruritic Agent, Scientific Exhibit annual meeting of the Medical Society of Virginia, Richmond, Virginia (October 12-15, 1958)

Discussion on R. C. V. Robinson and Harry M. Robinson, Jr., Control of Emotional Tension in Dermatoses. *Southern Medical Journal* (February 1958)

APPENDIX B

CURRICULUM VITAE

A. MELVIN ALEXANDER, M.D.

Born: February 4, 1943 – Cleveland, Ohio

Nationality: Afro-American (Native U.S. Citizen)

Wife: Leslie

Daughters: Hollie (7) and Allison (6)

1961-1964 – Hillsdale College, Hillsdale, Michigan, B.S.*

1964-1968 – Howard University College of Medicine, Washington, D.C., M.D.

1968-1969 – Internship (straight medicine), Veterans Administration Hospital, Washington, D.C.

1969-1972 – Residency, Division of Dermatology, Freedmen's Hospital, Washington, D.C.

1971-1972 – Fellowship, Division of Infectious Diseases, Freedmen's Hospital, Washington, D.C. (included a three-month period of research in Jamaica)

1972-1974 – Chief, Dermatology Service, U.S. Army Hospital, Okinawa, Japan

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*Degree Conferred June 1965, after completion of first year of Medical School.

1974-Present – Physician/Consultant, Community Group Health Foundation, Inc., Washington, D.C.

1975-Present–Private Practitioner of Dermatology at 1015 Spring Street, Suite 206, Silver Spring, Md.

University Affiliation:

Clinical Instructor in Department of Dermatology, Howard University, Dermatology Consultant, Department of Family Practice, Howard University, Washington, D.C.

Societies: American Medical Association
International Society of Tropical Dermatology
District of Columbia Medical Society

Boards (Specialty):

Eligible American Board of Dermatology

State Licenses:

Maryland & District of Columbia

Special Recognition and Honors:

1965-1966 – Tutor Academic Reinforcement Program, Howard University College of Medicine.

1966 – Member, Student Multidisciplinary Research Group, Howard Univesity, College of Medicine.

1968 – Upjohn Award for Excellence in Research; Third Award in Obstetrics and Gynecology, Howard University, College of Medicine; Certificate of Merit, Department of Pharmacology, Howard University, College of Medicine; **First Prize**, Interns and Residents Competition, Association of Former Interns and Residents of Freedmen's Hospital, Washington, D.C.

Research Activities:

1965-1968 – Research Assistant, Department of Pharmacology, Howard University, College of Medicine.

1971-1972 – Fellowship, Division of Infectious Diseases, Freedmen's Hospital; major interests TROPICAL ULCERS (Research conducted at the University of the West Indies, Kingston, Jamaica) and TINEA VERSICOLOR.

1973-1974 – U.S. Army Medical Center, Okinawa, Japan; major interest – PSEUDOFOLLICULITIS BARBAE.

Publications (Scientific):

Alexander, A.M. and Koh, J.K.: Tinea Versicolor Confined to the Face and Neck. *Cutis*, 9:387-388, 1972.

Alexander, A.M. and Koh, J.K.: Granuloma Pyogencium (Pyogenic Granuloma) Causing Severe Anemia. *Arch. Derm.*, 106: 128, 1972.

Alexander, A.M. and Koh, J.K.: Localized Cutaneous Amyloidosis Is Suspected of Having Relationship to Systemic Sclerosis. *Dermatology in Practice*, "The Three Minuters" Gross and Microscopic Dermatology Reports," Vol. 1, No. 4, 1972.

Alexander, A.M.: Pseudofolliculitis Diathesis; *Arch. Derm.*, 109: 729-30, 1974.

Alexander, A.M. and Delph, W.I.: Pseudofolliculitis in the Military: A Medical, Administrative and Social Problem. *J. Nat'l Med. Assn.*, Vol. 66, No. 6, 1974.

Presentations (Scientific):

1967 – "Effects of Tyramine on the Intact Adrenal Gland," Student Research Symposium, University of Texas, Galveston, Texas.

1970 – "Idiopathic Guttate Hypomelanosis, Dermatology Section of the National Medical Association, Atlanta, Georgia.

1971 – Case Presentation – Klippel-Trenaunay-Weber Syndrome, Atlantic Dermatological Society Meeting, Washington, D.C.

1971 – "Pyogenic Granuloma Causing Severe Anemia," Dermatology Section of the National Medical Association, Philadelphia, Pennsylvania.

1971 – "Amyloidosis Cutis and Scleroderma," American Academy of Dermatology, Chicago, Illinois.

1972 – "Cultivation, in Vitro and in Vivo Studies of Malassezia furfur," **First Prize**, Interns and Residents Competition, Association of Former Interns and Residents of Freedmen's Hospital, Washington, D.C.

1973 – "Pseudofolliculitis Barbae in the Military: A Medical, Administrative and Social Problem," Dermatology Section of the National Medical Association, New York, New York.

Other Publications and Presentations:

"Pseudofolliculitis in the Military", JORO Radio, Okinawa, Japan, April 1973.

"Bias Alleged in Handling Pseudofolliculitis Barbae", *Skin & Allergy News*, Vol. 4, No. 11, November, 1973.

"A Hairy Problem", (Contributor), *Encore* magazine, February, 1974.

"Military Men With Pseudofolliculitis Barbae Condition Are Still Harassed", *Skin & Allergy News*, Vol. 5, No. 10, October, 1974.

"Pseudofollicultis in the Military", WHUR Radio, Washington, D.C., October, 1974.

"Pseudofolliculitis in the Military", National Public Radio, Washington, D.C., October, 1974.

"Pseudofolliculitis in the Military", The Pentagon, Arlington, Virginia, November, 1974.

APPENDIX C

CURRICULUM VITAE

GEORGE B. SKIPWORTH, M.D.

Date of Birth:	January 31, 1927
Place of Birth:	Columbus, Georgia
Social Security No.:	257-20-9919
Dependents:	Wife – Eileen Children – James D. Heather E. William S.
Military Status:	Colonel, Medical Corps, Retired (October 1974)
Graduate Education:	University of Georgia, Athens, Georgia 1944-1945
	Duke University, 1946-1948 (A.B.)
Medical Education:	Duke University School of Medicine 1950-1954 (M.D.)
Internship:	Tripler Army Medical Center Oahu, Hawaii, 1954-1955
Residency:	Letterman Army Medical Center San Francisco, California, 1956-1959
Military:	U.S. Marine Corps January 1945–August 1946

Chief, Dermatology Service, Martin Army Hospital, Fort Benning, Georgia 1960-1963

Chief, Dermatology Service
Tripler Army Medical Center
Oahu, Hawaii
1963-1966

Chief, Dermatology Service
William Beaumont General Hospital
El Paso, Texas
1966-1969

Assistant Chief, Dermatology Service
Brooke Army Medical Center
San Antonio, Texas
1969-1971

Chief, Dermatology Service
Brooke Army Medical Center
San Antonio, Texas
1971-1972

Chief, Dermatology Service
Walter Reed Army Medical Center
Washington, D.C.
1972-1974

Consultant in Dermatology
Office of The Surgeon General
April 1972-October 1974

Certifications: American Board of Dermatology October 15, 1961

Licensed, State of Georgia
July 1956–No. 7894

Professional Societies:

1) Member, American Medical Association, 1954
2) Member, The Association of Military Dermatologists, 1957
3) Fellow, American Academy of Dermatology, 1961
4) Member, International Congress of Dermatology, 1962-1972
5) Member, Pacific Dermatologic Association, 1968
6) Member, Honolulu Dermatological Society, 1963-1968
7) Associate, American College of Physicians, 1965
8) Member, Dermatology Foundation 1966
9) Fellow, American College of Physicians, Boston, 1968
10) Member, Association of Professors of Dermatology, 1969
11) San Antonio (Texas) Dermatological Society, 1969-1972
12) Member, American Venereal Disease Association, 1971
13) The Washington, D.C. Dermatological Society, 1972-1974
14) President, Association of Military Dermatologists, 1972-1973
15) Member, Association of Military Surgeons of the U.S., 1973

16) Member, Foundation for International Dermatologic Education, 1973
17) Member, Muscogee County Medical Society, 1974
18) Member, Medical Association of Georgia, 1974
19) Member, Southern Medical Association, 1974
20) Associate, Atlanta Dermatological Association, 1975

Publications:

1) "Treatment of Disseminated Coccidioidomycosis with Amphotericin B," *Arch. Derm.* 78:97-100, July 1958 (Co-author).
2) Proceedings-San Francisco Dermatological Society: a. Cases for Diagnosis (3), *Arch. Derm.* 77: 480, April, 1958.
3) "Zirconium Granulomas of the Glabrous Skin Following Treatment of Rhus Dermatitis," *Arch. Derm.* 80:273-276, September, 1959 (Co-author).
4) "Coccidioidal Granulomas of Skin and Conjunctiva Treated with Intravenous Amphotericin B," *Arch. Derm.* 82:605-608, October 1960 (Co-author.)
5) "Longitudinal Grooving of Nails Due to Synovial Cysts," *Arch. Derm.* 89:364-366, March 1964, (Co-author).
6) "Valium-Like Chloroquine–Dangerous Drugs for the Psoriatic," *Schoch Letter*, March, 1965.

7) "A Dermabrasion Bridge," *Bulletin of the Association of Military Dermatologists*, 15:28-29, August 1966, (Co-author).
8) "Boric Acid Intoxication from 'Medicated Talcum Powder,' " *Arch. Derm.* 95:73-86, January 1967, (Co-author).
9) "Bilateral Mondor's Disease," *Arch. Derm.* 95:95-97, January 1967, (Co-author).
10) Book Review: **Practical Dermatology**, Lewis & Wheeler, *Arch. Int. Med.* 119:654, January, 1967.
11) Book Review: **The Skin**, Arthur C. Allen, *Arch. Int. Med.* 121:203 February, 1968.
12) "Fabry's Disease," JAMA 208: 1190, 19 May 1968 (Co-author).
13) "Hyperkeratosis Penetrans," *Arch. Derm.* 98:270, September 1968 (Co-author).
14) "Hyperkeratosis Penetrans," (corres.) *Arch Derm.* 98:684, December 1968.
15) "Toxic Epidermal Necrolysis," CUTIS 6:307-312, March 1970.
16) "Pearls from Previous Stations," *Bulletin of The Association of Military Dermatologists*, 18:23-24, September 1970.
17) "Incidence of Skin Cancer," (corres.) *Arch. Derm.* 102:561, November 1970.

18) "Report on Military Dermatology Assistants," *Bulletin of the Association of Military Dermatologists*, 20:20-23, June 1972.
19) "Acquired Progressive Kinking of the Hair," *Bulletin of the Association of Military Dermatologists*, 20:35-40, October 1972, (Co-author).
20) "Report-Army Teaching Chiefs' Conference," 1972) *Bulletin of the Association of Military Dermatologists*, 21:31-32, October, 1973.
21) "Effects of Topical Betamethasone -M. Benzoate on Adrenocortical Function, *Bulletin of Military Dermatologists* (In Press) (Co-author).
22) "Report-Army Teaching Chiefs' Conference," 1973) *Bulletin of The Association of Military Dermatologists* (In Press).
23) "Pseudofolliculitis of the Beard," *Department of the Army Technical Bulletin*, TB Med, 287:1-7, 15 August 1973.
24) "Ginko Tree Dermatitis, Stomatitis and Proctitis," JAMA, 231:1162-1163, 1975.

Discussions:

1) Discussion of paper "Pits of Palmar Creases," submitted for publication in *Southern Medical Journal*, Edgar B. Smith and Robert L. Jetton (Atlanta) 10 November 1969.

2) Presentation of paper "Toxic Epidermal Necrolysis Short Hair-Sunburn Syndrome," Military Dermatology Symposium, Academy of Dermatology Annual Meeting (Chicago) 8 December 1970.
3) Discussion of paper "Toxic Epidermal Necrolysis and Disseminated Intravascular Coagulation," Texas Dermatological Society (Houston) 8 May 1971.
4) Moderator, Clinical Section, Texas Dermatological Society Meeting, 14 May 1972.

Committees:

1) El Paso-Juarez Civilian-Military Committee for VD Control (Military Representative) 1966-1969.
2) Academy Committee on Military Affairs (Academy of Dermatology) 1971-1974.
3) Military Dermatology Advisory Committee to the National Program for Dermatology, 1971-1974.

Awards:

1) Good Conduct Medal (USMC)
2) World War II Victory Medal
3) American Campaign Medal
4) Armed Forces Reserve Medal
5) National Defense Service Medal–1st Oak Leaf Cluster
6) Army Commendation–1st Oak Leaf Cluster
7) Legion of Merit–1st Oak Leaf Cluster

8) Awarded the Professional "A" Prefix in Dermatology by the U.S. Surgeon General of the Army, 17 December 1973

Appointments:

Clinical Associate Professor (Dermatology), University of Texas Medical School at San Antonio, Texas (1971-1972).

Associate Clinical Professor (Department of Dermatology, George Washington University Medical Center, Washington, D.C. (1972-1974).

Clinical Associate Professor (Dermatology), Howard University, Washington, D.C. (1972-1974)

Clinical Associate Professor (Dermatology), Georgetown University School of Medicine, Washington, D.C. (1972-1974)

Regional Proctor, Part I Board Examination, The American Board of Dermatology, Inc., Washington, D.C. area, 1973, 1974.

Associate Staff, The Medical Center (Columbus, Georgia), 1974.

Associate Staff, St. Francis Hospital (Columbus, Georgia), 1974.

Consultant (Dermatology), Martin Army Hospital. Fort Benning, Georgia, 1975 (Pending Confirmation).

Clinical Assistant Professor (Dermatology), Emory University, Atlanta, Georgia, 1975.

APPENDIX D

CURRICULUM VITAE

DR. THOMAS W. MURRELL, JR.

1940:	Graduated from Department of Medicine, University of Virginia with degree of Doctor of Medicine
1940-1941:	New York Post Graduate Hospital – Internal Medicine
1941-1942:	New York Skin and Cancer Hospital– Dermatology
1942-1945:	Dermatologist in United States Army (Rank of Major)
1945-present:	In private practice, City of Richmond
1945-present:	Clinical Professor of Dermatology, Health Science Division, Virginia Commonwealth University (MCV); on teaching staff for 31 years
1948:	Certified as diplomate of the American Board of Dermatology
1957:	President of Richmond Academy of Medicine
1966-present:	Lectures annually at American Academy of Dermatology
1967:	President of Medical Society of Virginia

1970-present: Council of National Program of Dermatology

1971-present: Secretary of American Dermatological Association

1975-present: Chairman of Section on Dermatology of Southern Medical Association